

NC Dept of Health and Human Services  
Division of Facility Services  
Adult Care licensure Section  
2708 Mail Service Center  
Raleigh, NC 27699-2708

## Assisted Living Administrator Certification Application

NAME OF APPLICANT \_\_\_\_\_  
FACILITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (    ) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SSN# \_\_\_\_\_ DRIVER'S LIC # \_\_\_\_\_  
*You are asked to voluntarily provide your social security number with the understanding that it will be used only as an identification number for this agency's internal record keeping and data processing.*

Are you or your spouse an official or employee of the Department of Health and Human Services or of any county department of social services, or a member of the Medical Care Commission, of any county board of Social Services, or of any board of county commissioners?   ☐ YES    ☐ NO

### EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12    GED

College 1 2 3 4                      Grad School 1 2 3 4    Degree(s) \_\_\_\_\_  
Other? \_\_\_\_\_

### WORK HISTORY

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ You Supervised \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ You Supervised \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ You Supervised \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ You Supervised \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ You Supervised \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of statements made in this report and understand that false information may be grounds for disqualification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

